



Attorney Docket: 39303-20038.10

Date: April 5, 2006

Inventor(s): Kosei TERADA et al.

USSN: 09/912,897

Title: Method and Device for Incorporating Additional Information Into...

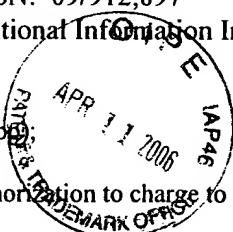
Enclosed are the following:

1. Transmittal form;
2. Supplemental Information Disclosure Statement (2 pg);
3. Form PTO SB/08/a/b (1 pg);
4. Fee Transmittal for FY 2005, in duplicate, with authorization to charge to Deposit Account;
5. three (3) publications; and
6. THIS RETURN RECEIPT POSTCARD.

DLF:MA/msc- la

CERTIFICATE OF MAILING BY FIRST CLASS MAIL

RECEIVED BY THE UNITED STATES PATENT AND TRADEMARK OFFICE



03-02-07

TEN

2137
FS

PTO/SB/21 (09-06)

Approved for use through 03/31/2007. OMB 0651-0031
U.S. Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number.



TRANSMITTAL FORM

(to be used for all correspondence after initial filing)

Total Number of Pages in This Submission

Application Number	09/912,897
Filing Date	July 25, 2001
First Named Inventor	Kosei TERADA et al.
Art Unit	2137
Examiner Name	Paul E. Callahan
Attorney Docket Number	393032003810

ENCLOSURES (Check all that apply)

<input checked="" type="checkbox"/> Fee Transmittal Form <input type="checkbox"/> Fee Attached <input checked="" type="checkbox"/> Amendment/Reply <input type="checkbox"/> After Final <input type="checkbox"/> Affidavits/declaration(s) <input type="checkbox"/> Extension of Time Request <input type="checkbox"/> Express Abandonment Request <input type="checkbox"/> Information Disclosure Statement <input type="checkbox"/> Certified Copy of Priority Document(s) <input type="checkbox"/> Reply to Missing Parts/ Incomplete Application <input type="checkbox"/> Reply to Missing Parts under 37 CFR 1.52 or 1.53	<input type="checkbox"/> Drawing(s) <input type="checkbox"/> Licensing-related Papers <input type="checkbox"/> Petition <input type="checkbox"/> Petition to Convert to a Provisional Application <input type="checkbox"/> Power of Attorney, Revocation <input type="checkbox"/> Change of Correspondence Address <input checked="" type="checkbox"/> Terminal Disclaimer <input type="checkbox"/> Request for Refund <input type="checkbox"/> CD, Number of CD(s) _____ <input type="checkbox"/> Landscape Table on CD	<input type="checkbox"/> After Allowance Communication to TC <input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences <input type="checkbox"/> Appeal Communication to TC (Appeal Notice, Brief, Reply Brief) <input type="checkbox"/> Proprietary Information <input type="checkbox"/> Status Letter <input checked="" type="checkbox"/> Other Enclosure(s) (please Identify below): Copy of Suppl. IDS submitted 04/05/2006 & 3 refs. Postcard
Remarks		

SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT

Firm Name	MORRISON & FOERSTER LLP (CN 25224) 555 West Fifth Street, Los Angeles, CA 90013		
Signature			
Printed name	Mehran Arjomand		
Date	February 28, 2007	Reg. No.	48,231

I hereby certify that this paper is being deposited with the U.S. Postal Service as Express Mail, Airbill No. EV809820795US, on the date shown below in an envelope addressed to:

MS Amendment, Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

Dated: February 28, 2007

Signature:

(Marco Jimenez)

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Effective on 12/08/2004.

Fees pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4818).

FEE TRANSMITTAL For FY 2006

Applicant claims small entity status. See 37 CFR 1.27

TOTAL AMOUNT OF PAYMENT (\$ 130.00)

Complete if Known

Application Number	09/912,897
Filing Date	July 25, 2001
First Named Inventor	Kosei TERADA et al.
Examiner Name	Paul E. Callahan
Art Unit	2137
Attorney Docket No.	393032003810

METHOD OF PAYMENT (check all that apply)

Check Credit Card Money Order None Other (please identify): _____

Deposit Account Deposit Account Number: 03-1952 Deposit Account Name: Morrison & Foerster LLP

For the above-identified deposit account, the Director is hereby authorized to: (check all that apply)

<input checked="" type="checkbox"/> Charge fee(s) indicated below	<input type="checkbox"/> Charge fee(s) indicated below, except for the filing fee
<input checked="" type="checkbox"/> Charge any additional fee(s) or underpayment of fee(s) under 37 CFR 1.16 and 1.17	<input checked="" type="checkbox"/> Credit any overpayments

FEE CALCULATION

1. BASIC FILING, SEARCH, AND EXAMINATION FEES

<u>Application Type</u>	<u>FILING FEES</u>		<u>SEARCH FEES</u>		<u>EXAMINATION FEES</u>		
	<u>Fee (\$)</u>	<u>Small Entity</u>	<u>Fee (\$)</u>	<u>Small Entity</u>	<u>Fee (\$)</u>	<u>Small Entity</u>	<u>Fees Paid (\$)</u>
Utility	300	150	500	250	200	100	
Design	200	100	100	50	130	65	
Plant	200	100	300	150	160	80	
Reissue	300	150	500	250	600	300	
Provisional	200	100	0	0	0	0	

2. EXCESS CLAIM FEES

Fee Description

Each claim over 20 (including Reissues)

<u>Small Entity</u>	
<u>Fee (\$)</u>	<u>Fee (\$)</u>

50 25

Each independent claim over 3 (including Reissues)

200 100

Multiple dependent claims

360 180

<u>Total Claims</u>	<u>Extra Claims</u>	<u>Fee (\$)</u>	<u>Fee Paid (\$)</u>	<u>Multiple Dependent Claims</u>	
- =	x	=		<u>Fee (\$)</u>	<u>Fee Paid (\$)</u>

<u>Indep. Claims</u>	<u>Extra Claims</u>	<u>Fee (\$)</u>	<u>Fee Paid (\$)</u>	
- =	x	=		

HP = highest number of total claims paid for, if greater than 20.

<u>Total Sheets</u>	<u>Extra Sheets</u>	<u>Number of each additional 50 or fraction thereof</u>	<u>Fee (\$)</u>	<u>Fee Paid (\$)</u>
- 100 =	/50	(round up to a whole number) x	=	

4. OTHER FEE(S)

Non-English Specification, \$130 fee (no small entity discount)

Other (e.g., late filing surcharge): 1814 Statutory Disclaimer 130.00

SUBMITTED BY				
Signature		Registration No. (Attorney/Agent)	48,231	Telephone (213) 892-5630
Name (Print/Type)	Mehran Anjomand	Date	February 28, 2007	

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